

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Nursing Services**

Domain 2. Individual Planning and Implementation

Related CQL Personal Outcome Measures:

- People experience continuity and security.
- People use their environments.
- People choose services.
- People choose personal goals.

Related CQL Basic Assurance Indicators

- People access quality health care.
- The organization provides individualized safety supports.
- The organization implements an ongoing staff development program.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- People's individual plans lead to person-centered and person-directed services and supports.
- The organization provides positive behavioral supports to people.
- The organization provides continuous and consistent services and supports for each person.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

| Indicators | Results | Guidance | Comments |
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| *2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>The provider actively participates in the information gathering process including making appropriate recommendations related to the physician's orders for nursing.</p> <p><i>Provider Manual reference: 3.6.; 3.6.1.; 14.2.b.</i></p> | |
| *2.A.5. The plan includes individualized supports and services to address the person's needs. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | The ISP identifies and describes the medically necessary services in accordance with physician orders. | |

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| | | <p>The nursing services plan of care is related to the supports identified in the ISP.</p> <p><i>Provider Manual reference: 14.2.c.</i></p> | |
| Outcome 2B. Services and supports are provided according to the person's plan. | | | |
| Indicators | Results | Guidance | Comments |
| *2.B.2. The person's plan is implemented in a timely manner. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP or there is documentation to support the extension of a timeframe and the need to update this in the ISP.</p> <p><i>Provider Manual reference: 3.10; 5.11; 14.2.c.</i></p> | |
| *2.B.3. The person receives services and supports as specified in the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Services are consistently provided in a timely fashion, and in the approved type, amount, frequency, and duration identified in the person's Individual Support Plan.</p> <p>Discrepancies in approved units versus delivered units are identified and explained.</p> <p>Physician's orders for services are current and include amount, frequency and duration.</p> <p><i>Provider Manual reference: 5.11</i></p> | |
| *2.B.5. Provider documents provision of services and supports in accordance with the plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan. Documentation is completed and maintained per DIDD Provider Manual.</p> <p>Supports and interventions relating to risks are carried out.</p> <p>Contact notes are completed for all nursing services.</p> | |

| | | <p>Each contact note must contain:</p> <ul style="list-style-type: none"> • The name of the person; • The time the service began and ended; • Nursing activities completed during the visit; • Plans for follow-up actions, changes in staff instructions and/or changes in the nursing plan of care and ISP; and • Nurse's name, credentials and date of contact. <p><i>Provider Manual reference: 14.2.g.</i></p> | |
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| Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed. | | | |
| Indicators | Results | Guidance | Comments |
| *2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>A periodic review / monthly progress note is completed for any month in which services are authorized.</p> <p>The review provides a summary of the progress in meeting ISP outcomes.</p> <p>The review / note contains:</p> <ul style="list-style-type: none"> • The name of the person supported; • The dates of services provided; • The person's response to services; • Any new or updated staff instructions; • Any recommendations for changes to the ISP; • Any significant health-related or medical events occurring since the last review; and • The signature and title of the person completing the progress note, with the date the review was completed. <p>Monthly reviews / notes must be sent to the ISC by the twentieth (20th) of the month following the month of service provision.</p> <p>Discharge summaries must contain:</p> <ul style="list-style-type: none"> • The name of the person being discharged; • A summary of the services provided; • The status of the person at the time of | |

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| | | discharge; <ul style="list-style-type: none"> Indicators for initiating a new referral for services as applicable / appropriate; The nurse's name and credentials with the date the discharge summary was completed; and The effective date of discharge. <i>Provider Manual reference: 3.10.b-c; 10.8.a.</i> | |
| 2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution. The provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information. <i>Provider Manual reference: 3.10.c.5-6.</i> | |

Domain 3. Safety and Security

Related CQL Personal Outcome Measures:

- People are safe.
- People experience continuity and security.
- People use their environments.
- People are free from abuse and neglect.

Related CQL Basic Assurance Indicators

- People are free from abuse, neglect, mistreatment and exploitation.
- Acute health needs are addressed in a timely manner.
- Staff immediately recognize and respond to medical emergencies.
- The physical environment promotes people's health, safety and independence.
- The organization has individualized emergency plans.
- Routine inspections ensure that environments are sanitary and hazard free.
- The organization implements an ongoing staff development program.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.
- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.

| ➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation. | | | |
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| ➤ The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin. | | | |
| ➤ The organization ensures thorough, appropriate and prompt response to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation. | | | |
| ➤ The organization implements a system for staff recruitment and retention. | | | |
| Outcome 3C. Safeguards are in place to protect the person from harm. | | | |
| Indicators | Results | Guidance | Comments |
| *3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | For all settings in which they work, staff are able to locate available incident reporting documents. <i>Provider Manual reference: 7.1-1.; 7.2; 7.4.</i> | |
| Domain 5. Health | | | |
| Related CQL Personal Outcome Measures: | | | |
| ➤ People have the best possible health. | | | |
| ➤ People choose services. | | | |
| Related CQL Basic Assurance Indicators | | | |
| ➤ People have supports to manage their own health care. | | | |
| ➤ People access quality health care. | | | |
| ➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports. | | | |
| ➤ Acute health needs are addressed in a timely manner. | | | |
| ➤ Staff immediately recognize and respond to medical emergencies. | | | |
| ➤ The organization treats people with psychoactive medication for mental health needs consistent with national standards of care. | | | |
| ➤ People are free from unnecessary, intrusive interventions. | | | |
| ➤ Business, administrative and support functions promote personal outcomes. | | | |
| ➤ People receive medication and treatments safely and effectively. | | | |
| ➤ The organization implements an ongoing staff development program. | | | |
| ➤ The cumulative record of personal information promotes continuity of services. | | | |
| Outcome 5A. The person has the best possible health. | | | |
| Indicators | Results | Guidance | Comments |
| 5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g., smoking cessation, routine exercise, good nutrition). | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <u>Interview</u> | |

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| <p>*5.A.5. Needed health care services and supports are provided.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>Physician's orders are current and carried out as written in a timely manner.</p> <p>All specialized health related equipment is maintained appropriately on a continuous basis.</p> <p>The provider ensures the person receiving psychotropic medications has a minimum of quarterly appointments with the treating practitioner.</p> <p>Ongoing documentation shows the provider's efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed.</p> <p>Agency documentation systems verify staff implementation of health care related interventions.</p> <p>Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures.</p> <p>Documentation of RN delegation includes and specifies:</p> <ul style="list-style-type: none"> • That the nurse personally is delegating his/her license; • Names of staff delegation is applicable to; • Specific task/s being delegated; • Description of training provided to staff; and • Description of how the RN will monitor staff. <p><i>Provider Manual reference: 8.5.b.; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p> | |
| <p>5.A.6. Health care services and supports are coordinated among providers and family members.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>The nurse is actively involved in collaborative and coordinated actions to address barriers and concerns related to health care supports and services.</p> | |

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| | | <p>The agency ensures there is a plan for "as needed" or PRN orders for psychotropic medications as ordered by the physician. The plan shall include a list of less restrictive measures to be taken or attempted to stabilize the situation should a crisis occur.</p> <p><i>Provider Manual reference: 8.2.; 8.5.a.; 8.5.b.</i></p> | |
| *5.A.8. Provider staff take actions to address the person's emerging health problems or issues. | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns:</p> <ul style="list-style-type: none"> • Nursing staff obtain the necessary intervention from the applicable health care provider; and • The nurse notifies the person's Independent Support Coordinator, legal representative and primary service provider. <p>The nurse must focus on the immediate health care problem of the individual, yet remain aware of any trends that may be developing.</p> <p><i>Provider Manual reference: 8.2., 8.3.b., 8.6.</i></p> | |
| Outcome 5B. The person takes medications as prescribed. | | | |
| Indicators | Results | Guidance | Comments |
| 5.B.1. The person's record adequately reflects all the medications taken by the person. | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p> | <p>The person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p>Orders for all medications, including PRNs, are clearly written.</p> <p>The person's record contains information about the person's current medications as well as pertinent historical information about any allergies or issues related to specific medications.</p> <p><i>Provider Manual reference: Chapter 8; 10.5.; 10.8.; Open Line 8/31/12</i></p> | |

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| <p>*5.B.2. Needed medications are provided and administered in accordance with physician's orders.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>If the nurse is responsible for the administration of medications, the nurse ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are effectively detected and responded to per agency and DIDD policy and procedures.</p> <p><i>Provider Manual reference: Chapter 8; Principles of Medication Administration; DOH 1200-8-34.12(e); 1200-8-34-.11(2)</i></p> | |
| <p>*5.B.4. Medication administration records are appropriately maintained.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>Medication administration records are documented, legible, and accurately reflect DIDD requirements.</p> <p>Documentation of PRN medication includes the reason and result on the MAR.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the prescription label and physician's orders.</p> <p><i>Provider Manual reference: Chapter 8; 10.6.; Open Line 8/31/12; TCA 1200-20-12.06(2)</i></p> | |
| <p>5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p> | <p>Medications are stored appropriately according to location of service.</p> | |
| <p>Outcome 5C. The person's dietary and nutritional needs are adequately met.</p> | | | |

| Indicators | Results | Guidance | Comments |
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| *5.C.1. The person is supported to have good nutrition. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <p>The nurse monitors appropriately for weight gain or loss, hydration, special diets, etc.</p> <p>The nurse implements recommended programs and/or plans in accordance with the nutritional needs of the person as noted in the ISP and/or prescribed for medical or health reasons. This includes the administration of enteral nourishment.</p> <p><i>Provider Manual reference: 8.1.; 8.2.</i></p> | |
| Domain 9. Provider Capabilities and Qualifications | | | |
| Related CQL Personal Outcome Measures: | | | |
| ➤ People decide when to share personal information. | | | |
| ➤ People are free from abuse and neglect. | | | |
| Related CQL Basic Assurance Indicators | | | |
| ➤ The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation. | | | |
| ➤ The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths. | | | |
| ➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports. | | | |
| ➤ People receive medication and treatments safely and effectively. | | | |
| ➤ They physical environment promotes people's health, safety and independence. | | | |
| ➤ The organization implements a system for staff recruitment and retention. | | | |
| ➤ The support needs of individuals shape the hiring, training and assignment of all staff. | | | |
| ➤ The organization implements systems that promote continuity and consistency of direct support professionals. | | | |
| ➤ The organization treats its employees with dignity, respect and fairness. | | | |
| ➤ The organization provides continuous and consistent services and supports for each person. | | | |
| ➤ The organization provides positive behavioral supports to people. | | | |
| ➤ The organization's mission, vision and values promote attainment of personal outcomes. | | | |
| ➤ Business, administrative and support functions promote personal outcomes. | | | |
| ➤ The cumulative record of personal information promotes continuity of services. | | | |
| ➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation. | | | |
| ➤ The organization has individualized emergency plans. | | | |
| ➤ The organization implements an ongoing staff development program. | | | |
| Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements. | | | |
| Indicators | Results | Guidance | Comments |

| 9.A.3. The provider maintains appropriate records relating to the person. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | The provider complies with appropriate DIDD requirements related to the person's record. <i>Provider Manual reference: 2.7.; 5.3.; Chapter 10; DIDD Policy 80.4.4. Electronic Records and Signatures; DIDD Provider Agreement</i> | |
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| Domain 10: Administrative Authority and Financial Accountability | | | |
| Related CQL Personal Outcome Measures: | | | |
| ➤ People experience continuity and security. | | | |
| Related CQL Basic Assurance Indicators | | | |
| ➤ The organization implements sound fiscal practices. | | | |
| Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide. | | | |
| Indicators | Results | Guidance | Comments |
| *10.A.1. The agency provides and bills for services in accordance with DIDD requirements. | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> | <u>Review of documentation and billing</u> Services are provided in accordance with waiver rules and the DIDD Provider Manual, including but not limited to: <ul style="list-style-type: none"> • Current physician orders are in place for services, as applicable; • Services are provided face to face; • Nursing providers do not bill for more than 48 units of service per day; • Supervision is not billable; and • Service Providers do not bill for documentation, meetings, travel or phone calls related to service provision. Services are not provided in, or provided while the person is in, a hospital, ICF/IID, Skilled Nursing Facility, local K-12 educational facility or other federally funded program. The frequency and type of LPN supervision (on-site, direct observation, record review, individual conference) is at the discretion of the supervising RN; however, on-site supervision by an RN is | |

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| | | <p>required for billable LPN Nursing Services. Documentation of the supervision of the LPN must be factual, accurately reflect the supervision, and be provided in detail sufficient to provide an accurate picture of the competence of the LPN being supervised.</p> <p>Co-treatments are medically necessary, time-limited, and clearly documented as to the purpose in relation to identified actions in the ISP.</p> <p><i>Provider Manual reference: 5.11.; 14.2.; Waiver Service definition</i></p> | |
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